	OHIO TRAFFIC CRASH REPORT	OH-1 (Rev. 1-82)		
	Lebanon Police	е 0830300	ODHS USE ONLY - 00 NO	T MARK ABOVE
	REPORT AT STATION NO OF VEH PEDESTRIANS INVOLVED CRASH SEVERITY (CHECK!)	MOST SEVERE)  PROPERTY DAMAGE ONLY	COMBINED OVER \$150 VEH/PROP UNDER \$150	T MARK ABOVE  HIT SKIP SOLVED  SOLVED  NO
	IN COUNTY OF WARREN IN KICITY LEBANON	DA (Z	TE OF CRASH DAY	TIME MILITARY O
	CRASH OCCURRED ON Walmart	WITHIN THE INTER		<del></del>
	IF NOT IN INTERSECTION N (LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO CITY CODE MILESFEET W E OF			
	3	ILT	1 1 1 1	
	NO OF OPERATING PARKED	DRIVERLESS HIT & RUN N	ION CONTACT INSURANCE CO	
DRIVER-PEDESTRIAN-VEHICLE SECTION	A NO \ OCCUPANTS O	DORESS (NO , STREET, CITY, STA	OR AGENT S	tatefarm
	Ballinger Kevin	TSOT Wath	Kins Stravky Ra	& Blachister, OH
		AL SECURITY NO	STATE DRIVER'S LICENSE  OH RE0257	NO OCCUPATIÓN
	OWNER (IF SAME AS DRIVER, WRITE SAME)	DDRESS	1 1000	PHONE
	VEH YR MAKE MODEL COLOR T	STYLE STATE LICENSE		Same
	0 0/		PLATE NO TOWING SER	_
	CIRCLE DAMAGE SEVER	RITY DAMAGE SCALE	VEHICLE DISPOSITION	FIRE
	AREAS 1 S 10 UNDER CAR 11 LOAD NON-FUN	ictional   none <del>12 mo</del> nal   Dlight Dhea	DERATE DRIVEN AWAY	ENE FIRE DUE TO CRASH
	8 7 6 12 TRAILER DISABLIN	iG .	TOWED	OTHER FIRE
	8 UNIT Z NO OF OCCUPANTS OPERATING PARKED	DRIVERLESS HIT& BUN NO	ON-CONTACT INSURANCE CO.	nknown
		DDRESS (NO , STREET, CITY, STA	ATE, ZIP CODE)	
	PHONE NO BIRTHDATE AGE SEX SOCIA	L SECURITY NO.	STATE DRIVER'S LICENSE	NO. OCCUPATION
	m   D   y			
DR	OWNER (IF SAME AS DRIVER, WRITE SAME)  AT  Un Known	ODRESS Valance		PHONE
	VEH YR MAKE MODEL COLOR		PLATE NO TOWING SER	RVICE VEH, PED DIR
	CIRCLE DAMAGE SEVE	RITY DAMAGE SCALE	VEHICLE DISPOSITION	FROM TO
	DAMAGE		DERATE DRIVEN AWAY	FIRE NO FIRE
	11 LOAD FUNCTIO		=	
	C FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE	POSITION	OTHER FIRE INJURIES
	ADDRESS	m D y SEX	A B C D E F	A B C D E F
OCCUPANT SECTION	FROM NAME (LAST, FIRST, MI)	BIRTHDATE AGE		I FATAL 2 SERIOUS VISIBLE
	ID. UNIT NO ADDRESS	m D J y PHONE SEX	700	3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED
	FROM NAME (LAST, FIRST, MI)			CONDITION
	E UNIT O.	m D y		A B XXXX
	ADDRESS	PHONE' SEX	m (11)	I APPARENTLY NORMAL 2 SICK
CUF	FROM UNIT NO	BIRTHDATE AGE		1 3 FATIGUED
8	ADDRESS	PHONE SEX	P-PEDESTRIAN RESTRAINTS	4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 8 OTHER CONDITION 7 UNKNOWN
	A B C INJURED TAKEN TO By	<u> </u>	A B C O E F	ALCOHOL
ACTION	D E F  A R C INJURED TAKEN TO By		I NOT USED 2 NONE AVAILABLE	A DYES B DYES
	A B C INJURED TAKEN TO By		3 JAP BELT USED	TESTED TESTED
	OFFENSE CHARGED AND DESCRIPTION		4 LAPISHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT	1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED
	OFFENSE CHARGED AND DESCRIPTION		6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED	3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN
			A B C D E F	A TESTED 0 TESTED
POLICE	RECEIVED DISPATCHED ARRIVED CLEARED OT CALL 2046 2041 2052 2107 C	HER TIME TOTAL MINUTES	LNOTE JECTED	YES YES
PO	DATE REPORT FILED PHOTOS OFFICER'S NAME BADGE NO CHECKED BY		I NOT EJECTED 2 PARTIAL 3 TOTAL	TALINU DIVI
	M   D   Y	2	4 TRAPPED INSIDE VEHICLE	I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG